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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/719,364			ing Date 21/2003	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	- CK	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A	LD NO	N/A	ı	N/A	TEE (a)	١	N/A	TEE (8)		
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A		ı	N/A			
H	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A		N/A		ı	N/A			
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 = *		19//		x \$ =		OR	x s =			
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =		Oit	x s =			
(37	CFR 1.16(h))	If the	If the specification and drawing		ne overed 100	ı	A# -			^* -			
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	n size fee due									
	MULTIPLE DEPEN	7 CFR 1.16(j))											
* If	he difference in col	r "0" in column 2.		TOTAL			TOTAL						
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	10/21/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16())	• 23	Minus	·· 25	= 0		X \$26 =	0	OR	x s =			
z	Independent (37 CFR 1.16(h))	• 3	Minus	***3	= 0	l	X \$110 =	0	OR	x s =			
¥	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.1801)		Minus	**		i	x \$ =		OR	x s =			
	Independent (37 CFR 1,16(h))		Minus	***	-		x \$ =		OR	x s =			
ä	Application Size Fee (37 CFR 1.16(s))								1				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
	•								OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 rainwates to complete in condition gathering, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burful, as allowed be sent to the CEMPT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.